Home Study Course: Spring 2006

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■■ Objective: The Home Study Course is intended for the practicing colposcopist or practitioner who is seeking to develop or enhance his or hercolposcopic skills. The goal of the course is to present colposcopic cases that are unusual or instructive in terms of appearance, presentation, or management or to present colposcopic cases that demonstrate new and important knowledge in the area of colposcopyor pathology. Participants may benefit from reading and studying the material or from testing their knowledge by answering the questions.

■■ ACCME Accreditation: The American Society for Colposcopy and Cervical Pathology (ASCCP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The ASCCP designates this continuing medicaleducation activity for 1 hour category 1 credit of the ASCCP's Program for Continuing Professional Development and the Physician's Recognition Award of the American Medical Association. Credit is available for those who choose to apply. The Home Study Course is planned and produced in accordance with the ACCME's *Essential Areas and Elements*.

■■ Disclosure: Faculty must disclose any significant financial interest or relationship with proprietary entities that may have a directrelationship to the subject matter. For this course, the author had no such relationship to report.

CASE

A 22-year-old presents with human papillomavirus (HPV)-positive ASC-US Pap smear. She has no previous history of abnormal Papsmears and has been screened in the past. She does not smoke.

Question 1

Appropriate management options for this patient include:

a. repeat HPV testing in 12 months

b. Pap at 6 and 12 months

c. colposcopy

d. HPV DNA-specific typing

Question 2

The colposcopic image seen in Figure 1 represents the patient's colposcopic examination after the cytology. The best answer that fits this colposcopic picture is:

a. satisfactory colposcopy with high-grade lesion

b. unsatisfactory colposcopy with no lesion seen

c. satisfactory colposcopy no lesion seen

d. satisfactory colposcopy with low-grade lesion seen

Question 3

Which management option is NOT appropriate in this patient?

a. endocervical curettage

b. repeat Pap and HPV in 6–12 months

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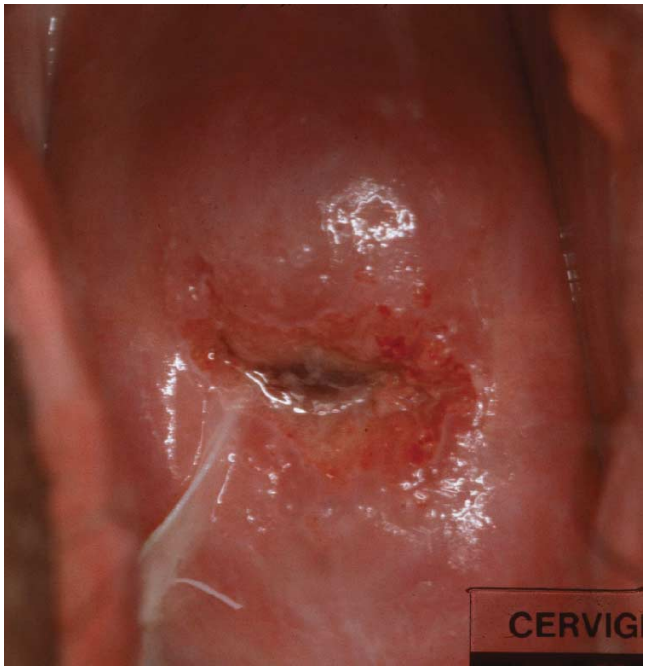

Figure 1.

c. HPV DNA testing for high risk virus at 12 months

d. loop excision

Question 4

The patient had a negative endocervical curettage and no biopsy was performed. Her risk of developing high-grade CIN over the next 2 years is:

a. 0–1%

b. 10–13%

c. 20–25%

d. 30–35%

Question 5

If HPV testing is negative at 12 months, the appropriate follow-up is:

a. colposcopy

b. routine screening

c. Pap and HPV testing in 6 months

d. HPV testing in 12 months

Question 6

If HPV testing is positive, the appropriate follow-up is:

a. colposcopy

b. routine screening

c. Pap and HPV testing in 6 months

d. HPV testing in 12 months

Question 7

Figure 2 shows her colposcopy after HPV testing. This is consistent with:

a. low-grade

b. high-grade

c. invasion

d. AIS

Question 8

Biopsy at 12 o'clock shows (Figure 3):

a. metaplasia

b. cervical intraepithelial neoplasia (CIN) 1

c. CIN 3

d. AIS

Question 9

Appropriate treatment is:

a. cytology in 6 months

b. loop excision

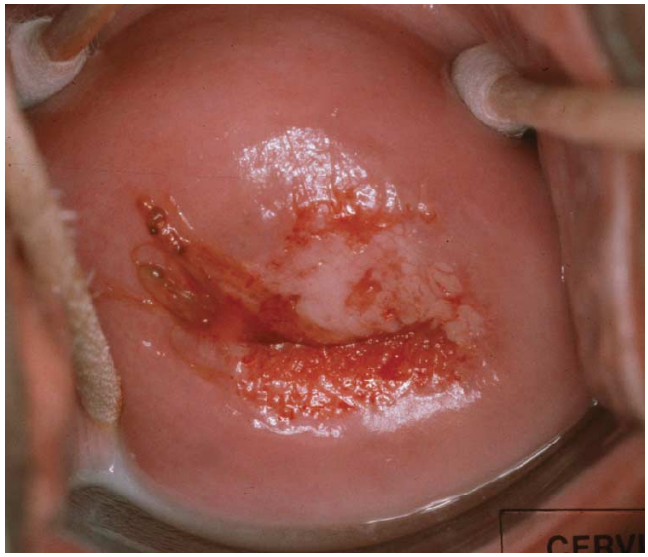

Figure 2.

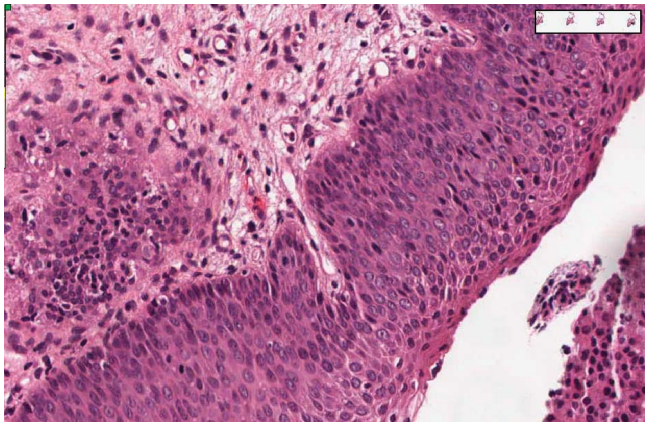

Figure 3.

c. HPV testing in 6 months

d. conization

Answers

1. *c*
   According to the 2001 Management Guidelines, the appropriate response for HPV-positive ASCUS is colposcopic examination and directed biopsies. Data from the National Cancer Institute's Atypical Squamous Cells of Undetermined Significance/Low-GradeSquamous Intraepithelial Lesion Triage Study (ALTS) show that ASC-US cytology carries a risk of histologically diagnosed CIN 2–3 and an approximate 5–15% level. Triaging with HPV DNA typing for high-risk virus allows the identification of patients at highest risk. In ALTS, the total risk of CIN 2–3 (more than 2 years) among women with ASC-US smears who were HPV positive was 27%; 17.9% was discovered at the initial colposcopy. Because there is an underlying risk of high-grade CIN, repeat HPV testing and repeat cytology is not a preferred option when HPV DNA status is already known. Currently, there is no available type-specific HPV DNA testing in the United States.

2. *c*
   This colpophotograph shows satisfactory colposcopic examination where the squamocolumnar junction can be seen 360 degrees and there is no lesion present.

3. *d*
   An endocervical curettage should be performed in a patient who has no lesion present. This would detect high-grade disease within the endocervical canal. Follow-up for this patient, if the endocervical curettage is negative, is appropriate either with repeatcytology in 6–12 months or HPV DNA testing at 12 months. Both will give equal sensitivity for the detection of occult high-grade lesions not seen on colposcopic examination. Loop excision in the face of a negative biopsy is inappropriate for this patient.

4. *b*
   The ALTS data from patients who had either low-grade or ASCUS cytology at entry into the study with negative initial colposcopic findings found that 10–13% of these patients could develop a CIN 2–3 lesion over the 2-year course of the study follow-up. Therefore, it is important that repeat cytologic or HPV DNA testing be performed in this group and action be takento respond to positive testing to detect these occult lesions.

5. *b*
   With the finding of negative HPV DNA testing at 12 months, the patient should be returned to the routine screening rule that is most appropriate for her. At this point, she does not need increased surveillance and colposcopy is not necessary. Patients who have persistent HPV DNA positivity are at risk for high-grade lesions. Those with transient infections seem to be safe and can beroutinely screened.

6. *a*
   Patients with a persistently positive HPV test have about a 5% risk of high-grade CIN. This requires a colposcopic evaluation.

7. *b*
   Note the dense acetowhite epithelium and the coarse mosaic pattern. Although it is difficult to be sure in this colpophotograph, the squamocolumnar epithelium was seen in its entirety with some manipulation.

8. *c*
   Cells with a high nuclear-cytoplasmic ratio, irregular nuclear membrane, and coarse clumped chromatin are seen extending into the upper third of the epithelium.

9. *b*
   Loop excision may be the most effective therapy and less morbid than conization. Observation is not appropriate for CIN 3.